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**CONFIRMATION NO. 7599** 

| SERIAL NUMBER<br>10/627,265  | FILING DATE<br>07/26/2003<br>RULE  | CLASS<br>433 |               | GROUP ART UNIT<br>3732 |  | ATTORNEY<br>DOCKET NO. |    |             |
|--|--|--------------|---------------|------------------------|--|------------------------|----|-------------|
| APPLICANTS  Neal B. Gittleman, Houston, TX;  |  |              |               |                        |  |                        |    |             |
| " CONTINUING DATA """  "FOREIGN APPLICATIONS ""  "FREQUIRED, FOREIGN FILING LICENSE GRANTED " SMALL ENTITY " " 10/21/2003                          |  |              |               |                        |  |                        |    |             |
| Foreign Priority claimed yes Inp 35 USC 119 (a-d) conditions yes Inp met yes Inp Met affE) Werifled and Acknowledged Examiner's Signature Initials |  |              | STATE OR      | SHEETS TO              |  | тот                    | AL | INDEPENDENT |
|  |  |              | COUNTRY<br>TX |                        | MNG<br>5   | CLAIMS<br>16           |    | CLAIMS<br>2 |
| ADDRESS Ezra L. Schacht 1620 West Main St. Houston , TX 77006-4712   |  |              |               |                        |  |                        |    |             |
| TITLE Dental minipin with interchangeable abutments  |  |              |               |                        |  |                        |    |             |
|  |  |              |               |                        | All Fees   |                        |    |             |
| No.  | EES: Authority has been given in Paper  b to charge/credit DEPOSIT ACCOUNT |              |               |                        | 1.15 Fees (Filling)  1.17 Fees (Processing Ext. of time) |                        |    |             |
| RECEIVED No.   | for following:   |              |               | 1,18 Fees (Issue)      |  |                        |    |             |
|  | •  |              |               |                        | Other Credit   |                        |    |             |